

SE MILESTONE-5

MILESTONE/SERVICE DATES: START: _____ END: _____

Consumer Name:	Address:	Phone Number:	Email:
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M-5 SUPPORTED EMPLOYMENT LONG TERM SUPPORTS**SUBMIT AN M-5 FORM PER CONSUMER MONTHLY IDENTIFYING SE STAFF HOURS AND SPECIFIC SUPPORT**

MONTH / YEAR SERVICE PROVIDED:		DATE FORM SENT:	
NAME OF EMPLOYER:		TOTAL TIME BILLED:	
HOURLY WAGE:	HOURS PER WEEK:	TOTAL AMOUNT BILLED: (time x SE rate @ \$69.61/hr)	
JOB TITLE & DUTIES:			
CONSUMER SATISFACTION / FEEDBACK:		EMPLOYER SATISFACTION / FEEDBACK:	
DATE INITIAL JOB RETENTION PLAN:		DATE JOB RETENTION PLAN UPDATED:	
<i>A copy of the initial plan must be submitted with the 1st M5 form per consumer.</i>			

CONSUMER LONG TERM SUPPORT DURING MONTH (check all that occurred)

<input type="checkbox"/> Work Performance Skills	<input type="checkbox"/> Symptom Management	<input type="checkbox"/> Natural Supports
<input type="checkbox"/> Work Related Social Skills	<input type="checkbox"/> Work / Life Balance	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Job Attendance	<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Worksite Accommodations
<input type="checkbox"/> Coping Skills	<input type="checkbox"/> Personal Appearance	<input type="checkbox"/> Transportation
<input type="checkbox"/> Interpersonal Relationships (employer, supervisor, co-workers)		<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)
<input type="checkbox"/> Other	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

CONSUMER CONTACT FOR MONTH (Report each event separately by exact time spent. No rounding should take place until the BH-SE1)

DATE	FACE TO FACE (amount of time)	EMAIL, PHONE, TEXT (amount of time)
TOTAL		

EMPLOYER CONTACT FOR MONTH (Report each event separately by exact time spent. No rounding should take place until the BH-SE1)

DATE	FACE TO FACE (amount of time)	EMAIL, PHONE, TEXT (amount of time)
TOTAL		

X _____
Supported Employment Specialist Signature_____
DateX _____
Agency Staff Signature_____
Date